

CLAIMS ONLY						Application Number <div style="text-align: center; font-size: 1.2em;">10/786,886</div>		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
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Total Indep	1		1		1		1		1	
Total Depend	2		2		2		2		2	
Total Claims	3		3		3		3		3	